

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.
097700545

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEF.	IND.	DEF.	IND.	DEF.
	IND.	DEF.	IND.	DEF.						
1	/		/							
2	/		/							
3	/		/							
4	3		3							
5	3		3							
6	1		1							
7	8		1							
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50			1							
TOTAL IND.	/	30								
TOTAL DEF.	/	7								
TOTAL CLAIMS	12	30								

*	IND.	DEF.	*	IND.	DEF.	*	IND.	DEF.	*	IND.	DEF.
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100											
TOTAL IND.	/										
TOTAL DEF.	/										
TOTAL CLAIMS	12	30									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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